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LINDA J. STIERLE, MSN, RN, CNAA-BC
CHIEF EXECUTIVE OFFICER

October 5, 2005

The Honorable Michael O. Leavitt
Secretary
U.S. Department of Health and Human Services
Room 615-F
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Leavitt:

The purpose of this letter is to petition for immediate recognition of the ABC codes as a designated standard code set that can be used for healthcare services reporting, including HIPAA transactions.

The American Nurses Association (ANA) recognized the ABC codes as a standardized terminology supporting nursing practice in 2000. The ANA is a full-service national professional association representing all registered nurses in all practice settings throughout the United States. Our 54 constituent member state nurses associations help foster high standards of nursing practice and address healthcare and other issues affecting nurses and the public.

The ABC codes, unlike the pre-existing ICD-9 CM, CPT, and HCPCS II coding systems, were developed in 1996 by Alternative Link to follow the ten guiding principles governing the adoption of national standards for healthcare transactions under HIPAA. The National Library of Medicine served as a resource as Alternative Link built the coding system with 1) historical tracking features, 2) non-duplication of concepts, 3) expansion requirements, 4) code inventory management, and 5) hierarchical construction.

The ABC codes include over 800 nursing interventions from three existing ANA recognized nursing terminologies, western and oriental nutraceuticals, homeopathic remedies, other interventions also not included within CPT and HCPCS II, and a rules engine to track laws regulating legal use of ABC coded interventions for each profession in each state. These interventions can be delivered by nursing, alternative medicine, and other integrative healthcare practitioners, including physicians, incorporating such services with their practice.

Michael O. Leavitt
October 5, 2005

Page 2

Although registered nurses continue to effect change through participation in the editorial processes for the recognized coding systems, sole reliance on the ICD-9 CM, HCPCS II, and CPT coding systems will continue to force incorrect or omitted documentation of health services provided by registered nurses, advanced practice registered nurses (APRNs), and many other providers addressing healthcare needs along the care continuum from prevention to treatment to cure. This practice often results in inaccurately reported and represented diagnoses, procedures or interventions, and total costs of healthcare services. Additionally, identification of best practices by the best provider in the best setting and evaluation of quality initiatives, quality measures, and outcomes cannot be completed within the existing structures. Therefore, not designating the ABC codes as a coding set recognized by the federal government reinforces barriers that prevent the accurate representation of healthcare services provided by all clinicians, including over 2.7 million registered nurses, in all settings. Maintaining such coding and documentation constraints also hinders achievement of the goals of improved quality and reduced costs of healthcare services espoused in the massive federal promotion of interoperable electronic health records and personal health records.

I have included several examples to reflect our significant concern about the continued adverse effects in the delivery of health care services to our citizens without clinician access to ABC codes. The few HCPCS II codes that describe nursing services are designated by CMS as "not billable for Medicare." HCPCS II includes only one code for nursing evaluation and management, which is not at all useful because it does not include a time element, does not include a description of where the care took place, lacks sufficient detail to allow assignment of a relative value unit, and again is not valid for Medicare. The inability to correctly document delivery of nursing services, in conjunction with the current CMS policy prohibiting direct billing of nursing care for seniors, one of our growing vulnerable populations, will continue to be a costly and ineffective policy decision.

The CPT codes for evaluation and management describe medical assessments. This prevents nurses and other healthcare professionals from delineating their assessments, evaluations, and care management initiatives which evolve from a different focus and framework of practice. Such constraints prevent billing parity with physicians and development of accurate relative value units (RVUs) to reflect differences across care settings. Please see the accompanying enclosure describing the use of ABC codes to support the necessary economic analyses to compare one or more alternative courses of action and better quantify the costs of that care (Stone, Lee, Giannini, and Bakken, 2004).

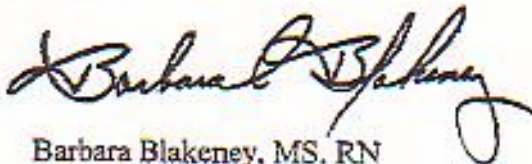
Michael O. Leavitt
October 5, 2005

Page 3

Your decision to recognize ABC codes as a designated standards code set would reflect understanding and appreciation that ABC codes complement and do not duplicate HCPCS II or CPT codes. More importantly, such an affirmative decision would provide the necessary code set to address the needs of nursing and other healthcare providers as they seek to evaluate the outcomes, effectiveness, and costs of their care and interventions.

We appreciate your consideration of our request to immediately recognize the ABC codes as a designated standard code set that can be used for healthcare services reporting, including HIPAA transactions. Please feel free to contact Carol J. Bickford, PhD, RN, BC, at 301-628-5060 or via e-mail at carol.bickford@ana.org for questions or additional information.

Sincerely,



Barbara Blakeney, MS, RN
President



Linda J. Stiefle, MSN, RN, CNAAB, BC,
Chief Executive Officer

Enclosure

cc: Pamela C. Hagan, MSN, RN, Chief Programs Officer
Mary Jean Schumann, MSN, RN, director, Department of Nursing Practice and Policy
Rose Gonzalez, MPS, RN, director, Government Affairs

Sen. Charles Grassley
Sen. Orrin Hatch
Sen. Pete Domenici
Sen. Jeffrey Bingaman
Sen. George Allen
Sen. Trent Lott
Sen. Hillary Clinton
Rep. Dan Burton
Rep. Joe Barton

October 4, 2005

RE: ABC codes and the ChiroCode DeskBook

To Whom It May Concern at CMS and or HHS:

It has come to our attention that a committee at CMS visited our ChiroCode website and found the description of our ChiroCode DeskBook. They were not able to conclude that ABC codes are simple and easy to use, and that they provide granularity (specificity) to assist chiropractors in coding. Our annual publication is used by about 30,000 Doctors of Chiropractic. The committee's comments about our book and ABC codes are:

*"It is promoted as follows: 'The 2005 ChiroCode DeskBook – The Coding, Reimbursement and Compliance MultiBook. This 13th annual edition is updated throughout with 2005 CPT®, ICD-9, HCPCS and ABC codes. Significant updates for 2005 include new and revised codes for Acupuncture, Ultrasound, and Tests & Measurements.' There are a number of bullets highlighting the contents of the DeskBook, which are listed below. It is true that the ABC codes are included in this resource, but the **purpose and value they provide** to the Chiropractors are not exactly as stated in the report. This is the text from the website:*

The contents of the DeskBook are:

- 1. INSURANCE / CLAIMS guidelines for billing all insurance types. Shows how to properly bill with CMS-1500 forms. Learn to file clean claims for maximum, lawful, and timely reimbursement. Includes helps for denied claims.*
- 2. Essential ICD-9-CM DIAGNOSIS codes for Chiropractic listed in three simplified formats (Anatomic, Numeric, and Alphabetic) for quick and easy code finding.*
- 3. Essential CPT & HCPCS PROCEDURE codes for Chiropractic: E/M, Lab, X-ray, Musculoskeletal, and Physical Medicine, with National Correct Coding Initiative (CCI) Edits. ABC codes also included.*
- 4. Essential HCPCS SUPPLY codes for Chiropractic. Using specific supply codes from HCPCS could increase your income and expedite payments. ABC codes are also included.*
- 5. Critical COMPLIANCE alerts for HIPAA entities and for non-HIPAA entities. Fraud alerts and CCI edits. Also, directories of NACA attorneys, state associations, state boards, national organizations, and more."*

Our ChiroCode Institute explanation of WHAT is in the book (its contents) should not be interpreted as a treatise on the “purpose and value” of any specific code sets. The “purpose and value” is self-evident to the providers and payers. For example: point number three above is repeated here for emphasis:

3. Essential CPT & HCPCS PROCEDURE codes for Chiropractic: E/M, Lab, X-ray, Musculoskeletal, and Physical Medicine, with National Correct Coding Initiative (CCI) Edits. ABC codes also included.

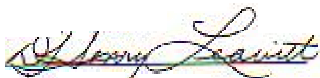
Significantly, please note that no statement is made to the “purpose and value” of the CPT and HCPCS code sets either, as they are self-evident to conventional users of codes and code books. ABC codes were included in our desk reference because they fill-in the holes for chiropractic services. In many instances, chiropractic specific services are not included in the CPT code sets (e.g. specific x-rays and techniques). All code sets are given within our publication to assure that the most complete and specific code sets are available for chiropractors and payers.

We find that the ABC codes are simple and easy to use. Unlike general and catch-all codes, they follow the national standards of coding to the highest specificity. It is our opinion that ABC code sets should be adopted as a national code set because they fill-in the gaps. They properly identify specific chiropractic care and other alternative and integrative healthcare practitioner services.

We encourage CMS/HHS to adopt the ABC code set. Incorporating ABC codes will assure that comprehensive code sets are available for all practitioners and payers.

In summary, the most compelling rationale for the “purpose and value” for the granular ABC codes, and for HHS adopting them is outlined in a Resolution by the National Foundation of Women Legislators. It is on pages xvii and xix within our ChiroCode DeskBook, but it is attached to this letter for your quick and easy reference.

Respectfully Submitted

A handwritten signature in blue ink, reading "D H Leavitt". The signature is stylized with a large, flowing "L" and "D".

D H Leavitt, President/CEO

NFWL RESOLUTION

This resolution by the National Foundation of Women Legislators is helping to accelerate a healthcare revolution (see page iii).

NATIONAL FOUNDATION FOR WOMEN LEGISLATORS, INC.

THE POWER TO MAKE THE DIFFERENCE FOR YOU
WWW.NFWLLEGISLATORS.ORG * ROBIN REAS, PRESIDENT & CEO * NFWL@NFWL.ORG

NFWL Access to Care Sub-Committee Resolution Improving the National Health Information Infrastructure (NHII) and Standards for Health-Related Data

August 31, 2003

WHEREAS, a cost-effective and logical national health information infrastructure is needed to:

- 1) compile, analyze and disseminate health-advancing information from all health industry stakeholders, including public and private, community, minority and ethnic, and faith-based organizations,
- 2) provide impartial information on best practices to health, healthcare, and health policy decision makers, and
- 3) help the greatest number of people exercise their liberties and access the right care in the right place at the right time, at the lowest possible cost;

WHEREAS, the federal government is supporting a public-private collaboration to develop impartial standards for health-related data to:

- 1) support an optimal information architecture,
- 2) align financial and other incentives of consumers, caregivers and organizations (e.g., through tax-benefits for achievement of targeted health improvements),
- 3) enhance health surveillance to support homeland security,
- 4) support research and population health,
- 5) enhance safety and quality, and
- 6) help protect privacy and confidentiality;

WHEREAS, the building blocks of an effective national health information infrastructure are currently incomplete, do not adequately address non-MD, non-DDS healthcare professional coding needs and, as a result, may compromise the nations ability to:

- 1) identify public health risks (such as bio-terrorism and viral epidemics),
- 2) avoid individual health risks (such as medical errors and adverse reactions),
- 3) reverse disparities in health based on income, race and ethnicity,

NFWL Resolution, continued

- 4) make comparisons of economic and health outcomes of conventional, complementary and alternative approaches to care, and allied health professional care, to identify the best practices available;
- 5) improve healthcare accessibility, quality and cost-management; and
- 6) support better health policy decisions;

WHEREAS, the federal government committed to specific improvement in the national health information infrastructure for administrative simplification, including standardization of transactions and code sets under the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

WHEREAS, the older HIPAA code sets are oriented toward conventional physician and dentist-directed disease-based models of care, and do not provide the practitioner representation, hierarchic coding structure and legal scope of practice information needed to support cost-effective financing, administration and delivery of integrative healthcare;

WHEREAS, HIPAA code sets should be designed, developed and overseen in a manner that facilitates the financing, administration and delivery of the most cost-effective care available;

WHEREAS, complete, accurate and precise clinical and administrative codes are needed to reflect alternative medicine, nursing and other forms of integrative healthcare (including, but not limited to, dental hygiene and other forms of prevention and wellness, as well as impoverished, minority and ethnic, youth, and elderly care);

WHEREAS, incomplete and inadequate standards for health-related data may reduce the effectiveness of the national health information infrastructure and may result in systemic inefficiencies that reduce access to quality care and lead to escalating costs;

BE IT RESOLVED, that the National Foundation for Women Legislators Access to Care Sub-Committee, under the full Committee of Health & Empowerment, urges the federal government to pass regulations or law to ensure the nations clinical and administrative codes are developed and managed in an open and impartial manner that supports:

1. scientific assessments of the relative economic and health outcomes of integrative healthcare, as well as complementary and alternative approaches to physician-directed, dentist-directed and other disease-based models of care; and
2. the collection, analysis, and dissemination of health-related data, information and knowledge on all facets of wellness and healthcare to improve individual and public health, business and industry efficiencies, and socioeconomic development;

BE IT FURTHER RESOLVED, that the National Foundation for Women Legislators Access to Care Sub-Committee, under the full Committee of Health & Empowerment, urges federal and state governments to explore immediate remedies to national health information infrastructure and health-related data challenges, to support the rights of Americans to choose the care that is best for them.



Jeffrey S. Sollins, M.D.
Internal Medicine
Holistic Medicine Board Certified

L. Russell Canfield, M.D.
Family Practice
Holistic Medicine Board Certified

Angela Barnett, M.D.
Family Practice
Holistic Medicine Board Certified

September 30, 2005

To the Honorable Michael D. Leavitt
Secretary of Health and Human Services

Dear Sir:

I am a medical doctor and the CEO of Bridges in Medicine™, an integrative holistic medical clinic and preferred provider network that provides a multi-dimensional approach to comprehensive healthcare.

I am writing to encourage you to name ABC codes a HIPAA standard code set. Bridges in Medicine has created a viable business model for integrating conventional and complementary medicine and we have grown this business each year based on reimbursement by a health insurance carrier. To my knowledge, no other organization in the U.S. has been able to sustain an integrated approach to healthcare. ABC codes are the tool we use to prove the cost-effectiveness of this model that assures its ongoing success.

The emphasis of our approach is on health care education, informed patient decision-making, and unique interactions between patients and practitioners. Our approach opens the door to a personal healing journey. Without ABC codes, this approach cannot be documented or measured.

Shortly after the creation of Bridges in Medicine in 1997, we were invited by the St. Joseph's Health Care System in Albuquerque, NM. to become the first nationally approved Medicare program incorporating integrative holistic medicine. With the early adoption of the ABC Codes in 1998, we began providing services for roughly 500 senior Medicare beneficiaries.

During the subsequent years, the program has grown to include 21,000 Medicare eligible recipients under the Lovelace Sandia Health Senior Plan.

The ABC Codes allowed us to negotiate fees with both health plan as they allowed the health plans to recognize the financial value of the integrative holistic medicine services we offer. I am including a spreadsheet that provides an example of how we negotiated our fees. I am also providing an assessment of the costs my organization incurred to use ABC codes.

As a general internist and Diplomat of the American Board of Holistic Medicine, it has been my experience that patients are spending billions of dollars on unregulated complimentary and alternative therapies.

In utilizing the ABC Code set, Bridges in Medicine has been able to track and compare conventional versus integrative holistic protocols for quality of care as well as efficacy and cost of treatments. Capturing this data is essential to finding effective solutions to the expense of our overall health system. Non-conventional medicine is often less expensive with fewer side effects, especially for certain chronic diseases. With ABC codes, we been able to compare clinical and financial outcomes. Without ABC Codes, our program would have relied on cash-only payments and different approaches of care and outcomes would not be possible to measure. For these reasons, I encourage you to immediately adopt ABC codes as a HIPAA standard.

Sincerely,

Jeffrey S. Sollins M.D.

3924 CARLISLE BLVD. NE, ALBUQUERQUE, NM 87107
PHONE (505) 855-5545 FAX (505) 855-5541

We are not human beings having a spiritual experience, rather we are spiritual beings having a human experience.



Jeffrey S. Sollins, M.D.
Internal Medicine
Holistic Medicine Board Certified

L. Russell Canfield, M.D.
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Holistic Medicine Board Certified

Angela Barnett, M.D.
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Cost Analysis for Bridges in Medicine Use of ABC Codes to Develop a PPO Network

First year: - 1998	Cost of Managing Network	Payments (Net)
Practitioner Training and Education	\$10,000	
Access fees x \$ 15.00	\$ 4,050	- \$ 5,950
Second year - 1999		
Practitioner Training and Education	\$ 5,000	
25% of FTE	\$ 5,200	
330 x \$ 1500.00	\$ 4,950	-\$ 5,250
Third year - 2000		
Practitioner Training and Education	\$ 4,000	
25% of FTE	\$ 5,200	
730 X \$ 15.00	\$10,950	\$ 1,750
Fourth year - 2001		
Practitioner Training and Education	\$ 4,000	
25% of FTE	\$ 5,200	
755 X \$ 15.00	\$11,325	\$ 2,125
Fifth year - 2002		
Practitioner Training and Education	\$ 4,000	
25 % of FTE	\$ 5,200	
780 x \$15.00	\$11,700	\$2,500
Sixth year – 2003		
Practitioner Training and Education	\$ 2,500	
25% of FTE	\$ 8,320	
825 x \$15.00	\$12,375	\$1,555
Seventh year – 2004		
Practitioner Training and Education	\$ 2,500	
25% of FTE	\$ 8,320	
2300 x \$15.00	\$ 34,500	\$23,680

Net Benefit of using ABC Codes over 7 years to develop a PPO network* \$30,410

*Legal and other costs are not attributable to ABC codes and were expensed at development of a franchise.



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

September 29, 2005

The Honorable Michael O. Leavitt
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Leavitt:

The National Association of Clinical Nurse Specialists represents 1800 advanced practice nurses (APRNs) in the United States. Our membership urges you to immediately add ABC codes to the national HIPAA code set.

Our organization has sought to gain billing parity for advanced practice nursing care for many years. With the addition of ABC codes under HIPAA, APNs will achieve the benefits available to our physician colleagues. Some of these benefits include:

- Reductions in paperwork burdens;
- Reductions in the cost of processing health care claims;
- Access to claims data that will point to effective nursing care;
- Increased access to managed care provider networks; and
- Increased referrals from insurance companies.

Our organization led the development of fifty-seven ABC codes for nursing assessments and management published in the 2005 version of the "ABC Coding Manual for Integrative Healthcare."

Senator Grassley helped pass legislation granting all APNs the right to directly bill insurance companies in every state. However, without codes, APNs are either forced to use CPT codes that do not describe the nursing patient encounter (a HIPAA violation) or face a distinct barrier to practice.

We understand that you have suggested applying to the government's HCPCS II coding authorities, one code at a time, for interventions that Alternative Link deems critical to patient care. You may not realize that most of the ABC codes are applicable to palliative care (care for the dying) or that APNs specialize in this important area of patient care.

Without ABC codes, advance nursing care remains invisible to policymakers, insurance companies and other data standard users. Our profession is not able to use claims data to replicate effective nursing care with current code sets. With ABC codes, our profession will quickly achieve these end points.

Nursing coding and terminology experts were not included in the review of ABC codes. If you remain unconvinced that ABC codes are needed to reduce costs in healthcare, we offer our expertise as research specialists in nursing to help reassess the cost benefits of ABC codes. As this is a national undertaking, we would seek funding to manage this review.

Sincerely,

A handwritten signature in cursive script that reads "Christine Carson Filipovich".

Christine C. Filipovich, MSN, RN
Executive Director



LOMA LINDA UNIVERSITY HEALTH CARE

Pain Management

11406 Loma Linda Drive
Post Office Box 7119
Loma Linda, California 92354
(909) 558-6211
FAX: (909) 558-6278

September 27, 2005

To Whom It May Concern:

I have worked in several medical offices in their billing departments since the late 1980s. I am now a practicing acupuncturist in California.

I am the owner of the Center for Holistic Preventive Medicine, in Orange County, CA and Director of Acupuncture Services at Loma Linda University School of Medicine. Billing for complementary and alternative medicine (CAM) with the current HIPAA code sets is challenging. Health plans are uninformed on CAM education, clinical, economic, and legal issues, which are the basis on which medical claims are adjudicated. The CPT & HCPCS II codes were designed for medical doctors. They are incomplete, inaccurate and imprecise in relation to my complementary and alternative medical practice. Although acupuncture has been included in MediCal for many years, a lack of coding for my profession leads to the denial of numerous legitimate claims and the need for resubmission. Because acupuncture is widely covered, these claims ultimately get paid but only because of my expertise in billing. I spend an undue amount of time on paperwork.

Coding should provide a communication tool between a practitioner and a health plan. While CPT codes provide this information for physician services, they lack this information for my profession. For example, there are only four (4) CPT acupuncture-related codes to describe a system of healthcare that has a 2,000 year tradition while there are over 8,000 codes to describe physician care. Besides being unclear and incomplete, these codes do not encompass the numerous acupuncture techniques that a licensed practitioner is trained to provide. Reducing the entire Oriental Medical (OM) system and practice to these four codes forces the Oriental medicine practitioner to incorrectly code the other services they provide. These restrictions, which generally apply to all non-physician practitioners, can easily lead to data manipulation and fraud.

CPT codes are also unable to provide the level of precision needed to make evidence based comparisons of various therapies. This lack of data makes the true cost-outcomes of non-physician therapies invisible to the healthcare industry and forces manual transmission of claims with attachments to assure reimbursement. For example, I frequently provide chart notes, references to scope of practice laws in California that regulate my practice, and other



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documentation to receive reimbursement. The use of physician codes prolongs a vicious cycle of denial with request of supporting data.

By comparison, the ABC codes give a more complete, accurate, and precise representation of CAM, including acupuncture services. ABC codes, used as a supplement to the HIPAA codes will facilitate faster and more appropriate third party payment.

Practitioner identifiers used as code modifiers

A design feature of ABC codes, practitioner identifiers used as code modifiers, allows tracking of practitioner qualifications which helps avoid denial of claims and the need for appeal and filing of additional information pertaining to the scope of practice in every state. This feature is not possible with CPT codes.

Legal practice guidelines and training standards

The ABC coding system provides guidelines per intervention, per practitioner, and per state. The system documents the education and licensing requirements for each category of caregiver. This additional information can eliminate the current gray areas frequently used as a reason for denials of coverage for procedures performed licensed practitioners.

Relative Value Units (RVUs)

ABC code specificity allows for the accurate development of relative value units. RVUs allow payers to negotiate fees with CAM practitioners in the same way fees are negotiated with physicians. This will help to end irrational fee structures for CAM services.

I found learning to navigate the ABC codes was simple and easy. The ABC coding tree provided in Part I of the manual, as well as the indices, can be used to locate procedures, modalities, and practitioner types. While I have some suggestions on how to make the coding tree and the indices even more "user-friendly," I find that navigating through the coding manual did not require training. An experienced coder should have an easy time using this code set. I expect that coders will not need help finding codes and that practitioners will be able to master the concepts of the ABC coding system in a one or two day seminar.

The adoption of ABC codes as a HIPAA standard will mean greater precision in determining "best-practices." At the same time, ABC code adoption will facilitate the automation of communications with third party payers. By providing clear information about interventions at the first filing of the claim, costs will be greatly reduced for both CAM providers and insurance companies.



LOMA LINDA UNIVERSITY HEALTH CARE

Pain Management

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I strongly recommend adoption of the ABC coding system. ABC codes will provide healthcare practitioners in academic and clinical centers with the only such tool available for us to track the efficacy of the care we provide.

Sincerely,

A handwritten signature in black ink, which appears to read "Ioneia O. Hubbard".

Ioneia O. Hubbard, LAc., MAOM, QME
Assistant Professor Physical Medicine and Rehabilitation
Loma Linda University School of Medicine

Shoreline Medical Software, LLC

2507 Jefferson St. NE
Albuquerque, NM 87110
Phone: 505.292.1670
Fax: 505.292.9291
Email: lytecquestion@aol.com

September 21, 2005

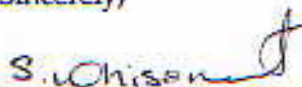
To Whom it May Concern:

Shoreline Medical Software is involved with Bridges in Medicine on two levels. Our company is a software reseller for the medical practice management software, NDCLytec and AdvancedMD. We also provide billing services such as training, support, and account management. Currently Shoreline provides both software and billing support to Bridges in Medicine.

We are familiar with the standard CPT codes as well as the ABC codes provided by Alternative Link, Inc. Both set of codes are loaded in our software system. The ABC codes loaded exactly like the CPT code set. The ABC codes can be loaded manually or imported directly from a disk provided by Alternative Link, Inc. We have been extremely pleased with the ease in which we were able to implement the ABC codes into our software system.

We would be happy to answer any questions or concerns regarding the implementation of the ABC code set. Feel free to contact our office @ 505.292.1670 or email us @ lytecquestion@aol.com. Thank you.

Sincerely,



Stacy L. Whisonant
Shoreline Medical Software, LLC.

July 12, 2005

Connie Koshewa
Melinna Giannini, President
Alternative Link
6121 Indian School Road NE Suite 131
Albuquerque, NM 87110

Dear Connie and Melinna;

This letter is written in support of Alternative Link's efforts to ensure that the Alternative Billing Concepts (ABC) codes be recognized as a national code set for use within standard electronic data interchange (EDI) transactions. It is hoped that this letter will serve as an analysis of the benefits that the use of these codes provides to the Alaska Medical Assistance program, its providers, and its recipients, and the potential cost to all parties if this code set does not gain the national recognition you are seeking.

According to compliance rules within the Federal Health Insurance Portability and Accountability Act (HIPAA), all state Medicaid programs were advised that state unique codes would need to be replaced by national standard code sets, either the Current Procedure Terminology, Fourth Edition (CPT-4) or the Health Care Financing Administration Common Procedure Coding System (HCPCS), no later than December 31, 2003. Extensive research of the CPT-4 and HCPCS manuals revealed that there were mental health rehabilitation and home and community based waiver services included in the Alaska Medical Assistance regulations (7 AAC Chapter 43) could not be accommodated by these code sets.

As a result of Alternative Link's efforts, the then Health and Human Services (HHS) Secretary, Tommy Thompson, approved a pilot project to allow the use of ABC codes in HIPAA standard transactions by selected state Medicaid programs, including Alaska, (per HSS letter to Alternative Link dated January 6, 2003). The purpose of the project was to determine if the use of the ABC code set would prove beneficial to participating states' and enrolled health care providers in meeting unique code set compliance needs. The two year pilot project expires October 16, 2005 and may be extended only by the HHS Secretary. Participation in this project has allowed Alaska's health care providers and the Medicaid program to use codes that more accurately reflect the description of the covered services being provided while maintaining compliance with HIPAA EDI standards. The ABC code set has had the greatest impact on the delivery of rehabilitation services in the mental health portion of Alaska's behavioral health system.

During calendar year 2004, the Alaska Medical Assistance program processed over 360,000 claims for outpatient mental health rehabilitation services that were billed using the ABC codes. These rehabilitation services were rendered to over 4,000 recipients from our severely emotionally disturbed and severely mentally ill client population who might otherwise require institutionalized care. I am attaching a list of the current ABC codes, as well as our regulation citation, used in Alaska.

While the CPT and HCPCS code sets comprise the bulk of the codes necessary for reporting traditional services covered within regulation for Alaska, there are gaps in these coding systems, particularly in relationship to the state's mental health rehabilitation services which are primarily rendered by paraprofessionals.

Few options will be available to Alaska if Alternative Link does not secure approval as a HIPAA standard code set beyond the pilot project. To remain in compliance with the HIPAA standard code set rules, the following paragraphs illustrate our knowledge of the available options for Alaska Medicaid. CPT and HCPCS codes are an option, however these code sets are designed to serve on a national level and obtaining new codes is an extremely lengthy process. In addition, the current CPT and HCPCS, while very valuable, do not fill the gaps being filled by the use of the ABC Codes. Many of the CPT and HCPCS codes address medical procedures and services and do not adequately address mental health rehabilitation codes.

For example, the CPT Coding System is described in 45 CFR Subtitle A, 162.1002 as services that include but are not limited to the following:

- i. Physician services
- ii. Physical and occupational therapy services.
- iii. Radiologic procedures.
- iv. Clinical laboratory test.

- v. Other medical diagnostic procedures.
- vi. Hearing and vision services.
- vii. Transportation services including ambulance.

The HCPCS portion of 45 CFR Subtitle A, 162.1002 describes the codes as including, but not limited to:

- i. Medical supplies.
- ii. Orthotic and prosthetic devices.
- iii. Durable medical equipment.

A review of the current code requests (150) filed with HCPCS beginning January 1, 2005, does not reflect any requests for mental health rehabilitation service codes. Most of the HCPCS codes requests reviewed are for durable medical equipment.

The most costly option to providers and the program, but transparent to the clients, is to use existing non-specific, "unlisted" codes from the CPT or HCPCS code sets. However, these codes do not convey the specific detail of the various and unique services delivered. Due to the inability to readily determine the service actually delivered, both cost and time required for post-payment review would increase substantially for both providers and the state. This option will require manual intervention on the part of providers to bill for these services and for the Medicaid program to reimburse them. Figures from providers across the state indicate that the cost to submit a paper claim is at least 10 times the cost of using EDI. Additionally, manual processing results in delayed payment to providers and the error rate for paper claim processing is greater. Cost to the state would rise significantly due to the additional time and labor that is required in processing these claims.

The final option would require the elimination or redefinition of most mental health rehabilitation services. Use of the currently available codes places Alaska in the same position that we were in when we elected to participate in the pilot project in the first place. These codes do not depict all of the services that Alaska feels are essential to meeting the rehabilitation needs of our clients. The loss of the ABC code sets would cripple our current mental health system. Based on current regulations and codes sets that would be available, professional staff would be required to deliver rehabilitation services that are currently being delivered by paraprofessional staff. Due to Alaska's limited number of professional providers, this would create significant wait lists. The need for hospitalization would also increase as a result of delays in, or lack of, treatment. Concurrently, the state's cost would increase. The cost of delivering services is typically twice as much when delivered by professional staff as opposed to paraprofessional staff. Hospitalizations, even at our state hospital, are considerably more than the cost of outpatient services. Furthermore, Alaska does not have the capacity to accommodate increased hospitalization in our state hospitals. We would be forced to use private hospitals, which can cost over 200% more than state hospital care.

In addition to the added costs to the state and the providers, there is the disruption of services that occurs when we change a code. Our providers uniformly complain about the burden of paperwork and the decrease in service delivery time available to serve clients due to excessive paperwork.

In closing, the State of Alaska would like to know how much longer we can continue to use the ABC Codes through the pilot project and an estimate of when the codes will be approved by HHS on a permanent basis. As an interim measure, Alaska would like to have the ability to continue to use the ABC codes until new codes could be obtained. This measure would require an extension to the current pilot project or some other form of approval from the HHS Secretary.

The State of Alaska hopes that the content of this letter adequately documents the need for our continued use of the Alternative Link ABC coding sets.

Sincerely,



Daniel Weigman,
Program Integrity Manager
Division of Behavioral Health

Attach: codes list

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF BEHAVIORAL HEALTH

FRANK H. MURKOWSKI, GOVERNOR

3601 C Street, Suite 878
Anchorage, Alaska 99503
PHONE: (907) 269-3600
FAX: (907) 269-3623
TDD: (907) 269-3624
TOLL FREE: 1-800-770-3930

June 3, 2005

Connie Koshewa
Melinna Giannini, President
Alternative Link
6121 Indian School Road NE Suite 131
Albuquerque, NM 87110

Dear Connie and Melinna;

Thank you both for the information that you provided on the phone this morning regarding the options for combined services procedure codes and the update on the status of the continuing process to nationalize the use of ABC codes.

In regard to the services that we would like to include in the combined procedure code, we are hoping that you can include in the definition "the services may include but are not limited to individual, family and group therapy; individual, family and group skill development; and case management".

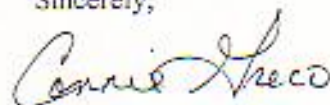
While the State of Alaska Behavioral Health System uses Nationally recognized codes routinely, the state relies heavily on the use of ABC Codes. Approximately one third of the procedure codes currently being utilized are ABC Codes. The need to seek new procedure codes would have a tremendous financial impact on our service providers and the Alaska Medicaid System.

Many of our (over 200) providers maintain their own billing software systems. The cost of updating the software would certainly be a big impact. Claims submitted without a defined procedure code are appended and must be individually reviewed by appropriately trained staff. If it is determined that this is a service in need of a procedure code the process of obtaining the code is cumbersome and lengthy as well as a tremendous expense to the Medicaid system. Use of ABC codes significantly decreases the possibility of this occurring.

The alternative is to use codes that do not adequately describe the service being provided or to not deliver the services at all. Neither of these is a viable choice. With communities in Alaska ranging from bush (village) communities, to rural, to urban, we need procedure codes that allow us to provide critical services, especially to our under-served populations. A recent survey indicates that minority groups represent over 50% of the population in Alaska. A large percentage of this population resides in bush communities.

Use of ABC Procedures Codes has allowed Alaska to provide better services to our entire population; including bush and village communities and we would certainly like to continue to use the ABC codes.

Sincerely,



Connie Greco, LCSW
Mental Health Clinician II

From: Walsh, Linda [mailto:Linda_Walsh@health.state.ak.us]
Sent: Wednesday, October 05, 2005 2:05 PM
To: Giannini, Melinna; Walsh, Linda
Cc: Motley, Darlene; Lucks, Bernd Gustav
Subject: RE: (A) Sorry to bug you

Melinna,

This has taken awhile to gather the info you requested. Basically, I was unsure of what you needed so am providing some info that is probably broader than you anticipated but, here goes:

The ABC codes Alaska uses resides on the mainframe claims processing system. When providers submit claims with ABC procedure codes on them, we process these claims through our system and verify that the code submitted is valid for our coverage rules. As a result the codes are on a formulary file in our system and reside on claims/invoices for services billed with ABC codes we have processed in that system. We also have 2 decision support systems that house claims for data analysis purposes. Thereby, it is possible that claims with these ABC codes are also in these DSS systems.

Finally, there are 172 employees of our contractor who have access to Alaska's information in the mainframe system. In addition, 83 state employees also have security access to information within that mainframe. In addition, there are 72 state users who have access to the DSS. What this means is that any of these could potentially have access to a claim/invoice containing an ABC code.



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WASHINGTON, DC 20024-2571
202 651-7000 • FAX 202 651-7001
<http://www.nursingworld.org>

MARY E. FOLEY, MS, RN
PRESIDENT

LINDA J. STIERLE, MSN, RN, CNAA
CHIEF EXECUTIVE OFFICER

September 17, 2001

Margaret Weiker, Chair
Data Maintenance Standards Organization
c/o EDS-I-Solutions Health Care
5400 Legacy Drive
MS A13E44
Plano, TX 75024

Subject: Inclusion of ABCcodes in Named Code Set for HIPAA Compliant Transactions

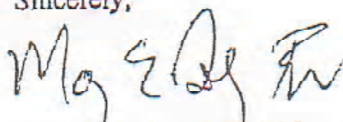
Dear Ms. Weiker:

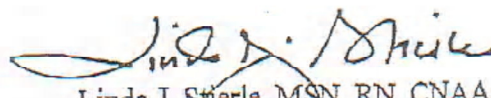
The American Nurses Association (ANA) supports the recognition in 2002 of Alternative Link's ABCcodes as an adopted code set relaying information between providers, payers and sponsors for HIPAA compliant transactions.

The ANA has found the ABCcodes, with over 4000 procedure/service/supply codes, to be a coding system with terminology that can accurately reflect the patient encounter for nursing, as well as complementary and alternative medicine (CAM). The ABCcodes includes approximately 800 interventions from the Nursing Interventions Classification (NIC), Home Health Care Classification (HHCC), Omaha System, and the Sexual Assault Nurse Examiner (SANE) nomenclature and received ANA recognition in 2000 as a standardized language for nursing. Adoption of this code set for HIPAA compliant transactions will: a) enable standardized data collection for evidence-based practice and healthcare quality initiatives; b) permit nurses to bill for services within the varied legal frameworks of each state's laws; c) assist hospitals and other healthcare providers to define nursing services legally allowed in each state; d) allow payers to process valid claims from licensed nurse practitioners, clinical nurse specialists, and certified nurse midwives able to work independently of physicians; and e) assist nurses to avoid liability of filing claims to insurers outside their legal scope of practice.

The American Nurses Association is the only full-service professional organization representing the nation's 2.7 million Registered Nurses through its constituent member state nurses associations. The ANA advances the nursing profession by fostering high standards of nursing practice and advocates for the necessary quality data and information for evidence-based practice and quality healthcare initiatives. Recognition of the ABCcodes as an adopted code set for HIPAA compliant transactions will facilitate these initiatives.

Sincerely,


Mary E. Foley, MS, RN
President


Linda J. Stierle, MSN, RN, CNAA
Chief Executive Officer

cc: Pamela C. Hagan, MSN, RN, chief programs officer, Programs
Mary Jean Schumann, MSN, RN, MBA, CPNP, director, Dept. of Nursing Practice and Policy

THE UNIVERSITY OF IOWA



August 10, 2001

Margaret Weiker, Chairperson
Data Maintenance Standards Organization
5400 Legacy Dr.
Mail Stop A13E44
Plano, TX 75024

Dear Ms. Weiker:

This letter is in support of the application from Alternative Link for the Complete Complementary Alternative Medicine Billing and Coding Reference (ABC Codes) to become a HIPAA standard.

This system includes the Nursing Interventions Classification (NIC) that describes 486 interventions used by nurses and other providers. The Center for Nursing Classification at Iowa has a list of over 500 facilities in the US that are using NIC to plan and document patient care services. (I attach a one page overview of NIC.) We have worked with staff from Alternative Link since 1997 to include NIC in their administrative billing system.

The AMA's CPT does not include the vast majority of NIC interventions. Although I have been working on the development of NIC for 14 years and presented this work at numerous national conferences including Testimony to the National Committee on Vital and Health Statistics in May 1999, I have never been contacted by any one representing the CPT for information or participation. Research studies, such as the one by S. Henry and colleagues* have demonstrated that NIC captures all of nursing treatments compared to the CPT that captures less than 15%. It is imperative, as nurses and other non-physician providers become more accountable for the oversight and delivery of patient care, that we have a coding system that captures our services. The ABC Codes by Alternative Link are a major step forward to meet this need.

I would be happy to provide additional information.
Sincerely,

Joanne McCloskey Dochterman, PhD, RN, FAAN
Distinguished Professor
Director, Center for Nursing Classification

*Henry, S. B., Holzemer, W. L., Randell, C., Hsieh, S., & Miller, T. J. (1997). Comparison of Nursing Interventions Classification with Current Procedural Terminology codes for categorizing nursing activities. Image: Journal of Nursing Scholarship, 29(2), 133-38.



Making quality care visible

Center for Nursing Classification
College of Nursing

Iowa City, Iowa 52242-1121
U.S.A.

VOICE: 319/335-7051 FAX: 319/335-6820
E mail: classification-center@uiowa.edu
WWW: <http://www.nursing.uiowa.edu/cnc>

Carolinas Integrative Health
1408-B East Boulevard
Charlotte, NC 28203
704.355.9355

June 18, 2001

Department of Health and Human Services
United States Government

re: Alternative Link Coding System

Dear madam or sir:

I am a conventionally trained physician with experience in both academic medicine and private practice. In 1997 I entered into the only university-based fellowship that trains physicians how to appropriately utilize the best of alternative practices to help optimize individual and community health at The University of Arizona College of Medicine. I am now medical director of Carolinas Integrative Health in Charlotte, NC where one of my first orders of business was to secure the expert guidance of Melinna Giannini and her team at Alternative Link.

One would be foolish to ignore the benefits offered by conventional medical approaches. It would be similarly unwise to ignore the benefits offered by alternative therapies of medical care. That said, the majority of people never get the chance to experience these potentially healing treatments due to a lack of insurance coverage, which in turn is a result of inadequate research and coding infrastructure. This barrier can be removed through the widespread use of the Alternative Link system of coding.

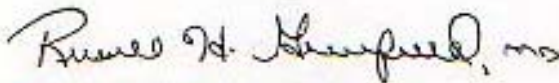
The Alternative Link codes are exquisitely detailed in the description of services offered, making the performance of widespread and definitive outcomes research to determine both cost and therapeutic effectiveness of alternative therapies possible for the first time. Millions of ostracized healthcare providers can now participate in data collection to help prove or disprove utility of therapies, as well as promoting adequate reimbursement for those seeking a better way of optimizing health, that being through the judicious use of the best of conventional and alternative therapies. The comprehensive coding system developed by Alternative Link will prove to be invaluable in the attainment of equal access to the best of health care for all members of society.

We have lofty goals for Carolinas Integrative Health, goals that can only be attained through partnerships in excellence. We recognized Alternative Link to be a vital partner

in promoting the success of our approach to healthcare, both for their codes that help people obtain necessary coverage for health-promoting therapies, and for meeting our charge to help perform the research that will help shape the future of medicine. We could not be more satisfied with the information and guidance we have received, and our patients are excited to finally have a tool in place that will allow them greater access to alternative therapies.

The members of Carolinas Integrative Health all recognize the importance of our alliance with Alternative Link, and view the coding system as an invaluable tool. Together we hope we can ensure that integrative medicine will never be solely elitist medicine, but rather healthcare providing for the greater common good, and for every citizen of the United States of America.

Thank you.

A handwritten signature in dark ink, reading "Russell H. Greenfield, MD". The signature is fluid and cursive, with a small flourish at the end.

Russell H. Greenfield, MD
Medical Director



American Healthcare Alliance

April 18, 2001

VIA: Overnight Mail

Ms. Melinna Giannini
President
Alternative Link, Inc.
1065 South Main, Building "C"
Las Cruces, New Mexico 88005

Dear Melinna:

It was a pleasure speaking with you again. I really appreciated the update with respect to where you are today and the progress report on Kansas.

I also thought you might like to know what my plans are regarding where we collectively go from here. As you know, American Healthcare Alliance, Inc., (AHA) is an independent alliance of Managed Health Care Organizations, comprised mainly of Preferred Provider Organizations. However, a number of the AHA Alliance members have also formed HMO's, Insurance Carriers, and Third Party Administrators. At the present time there are over fifty (50) Alliance Members collectively representing:

• General/Acute/Tertiary Care Hospitals.	4,025
• Specialty Hospitals (Womens, Childrens, Burn, Psychiatric, Rehabilitation, etc.)	770
• Physicians	417,855
• Ancillary Providers	38,785

These organizations are collectively providing Managed Health Care Services and Programs to approximately 23,000,000 employees and their families across the United States.

In addition to the above statistics, AHA and its' Alliance Members are serving thousands of Health and Medical Care Payers, including Self-Insured Plans, Third Party Administrators, Insurance Carriers, and Health Maintenance Organizations.

It is our intent over the next few months to introduce Alternative Link to all AHA Alliance Members and Payers. In addition, we will also be exposing several of our Strategic Partners to the Alternative Link Programs and Services. It is my intent to begin the introductory process personally within the next week. I will be contacting you regarding a more formal strategy in the next few weeks.

In the interim, if I may be of any additional assistance to you, please do not hesitate to contact me.

Sincerely,

Ed Cosler
President and CEO

ELC

Acupuncture Association of Washington

Insurance Committee

75 NW Dogwood St, Suite B Issaquah, WA 98027

April 14th, 2001

Data Maintenance Standards Organizations
c/o Washington Publishing Company
PMB 161
5284 Randolph Road
Rockville, MD 20852

To the Department of Health and Human Services,

The Acupuncture Association of Washington would like to express our support for the inclusion of Alternative Link's ABC code set in the adopted code sets for 2002.

The codes currently being used do not adequately support the profession of acupuncture and Oriental medicine. Under the current CPT code set acupuncturists are forced to hunt for obscure physical medicine codes that may be interpreted to describe our procedures. Under the 2002 HIPAA revision this practice could expose practitioners and payers to legal liability. The current coding environment also yields much confusion for practitioners, payers and plans, because there is no definitive and comprehensive code set.

It is essential that we have a code set that contains specific codes applicable for acupuncture & Oriental medicine office visits, procedures and supplies. We support reporting services with the ABC codes developed by Alternative Link. This code set is the best option we have identified and provides an accurate and complete, CAM-specific code set, complete with relative values for every code.

Adopting the ABC codes will create a much-needed national standard and help to end the current state of confusion that stems from having multiple local code sets. In Washington State, the legislature has mandated insurance coverage for CAM practitioners for several years now, and it is of the utmost importance that we have access to a standardized, fair and equitable code set both for us as practitioners and for the insurance plans and payers.

For the above stated reasons, the Acupuncture Association of Washington recognizes the ABC code set and requests that Alternative Link's ABC code set for processing CAM claims, and particularly for acupuncturists, be included in the HIPAA-named code sets.

Sincerely,

John Donald

John Donald, MAc., LAc.
Insurance Committee Chairperson
AAW- Board of Directors



Preferred
Health
Systems

April 13, 2001

Melinna Giannini
President
Alternative Link LLC
P.O. Drawer 16409
Las Cruces, New Mexico 88004

Dear Melinna:

On behalf of Preferred Health Systems (PHS) and Via Christi Health System (VCHS), I want to thank you for assisting us in our alternative medicine initiatives. As you know, VCHS is the largest hospital provider entity in Kansas and PHS is the largest HMO and second largest health insurer in Kansas. We recognize the importance of having a standardized coding and nomenclature system, as well as clearly defined scope of practice guidelines, for alternative medicine based services. This is especially valuable as VCHS begins offering those services to Kansas communities and as PHS offers employers insurance benefits to help finance these services for their employees and dependents. We appreciate your efforts to date in our acquisition of the Alternative Link proprietary systems and your consultation with the providers.

We look forward to enhancing our relationship with your company as we proceed to implement claims and information systems requirements. Our affiliation with the American Healthcare Alliance may serve as a good springboard to obtain greater uniformity among major insurance and network programs throughout many parts of the country through the use of your products. As more programs utilize the tools you have developed, we can do a much better job of assuring our consumers of safe and efficacious services in this new benefit area.

Again, thank you for your assistance and I look forward to seeing you again soon.

Sincerely,

Marlon R. Dauner
President & CEO
MRD/bd



Oriental Medicine Association of New Mexico

P.O. Box 67381 Albuquerque, MN. 87193-7381

March 8, 2001

Melinna Giannini
President
1065 South Main Bldg. C
Las Cruces, NM. 88005

Dear Ms. Giannini:

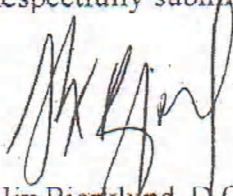
As the President of the Oriental Medicine Association of New Mexico, I am pleased to say that we endorse Alternative Link's coding system for complementary and alternative medicine and nursing.

The OMANM represents approximately 400 licensed Doctors of Oriental Medicine in our state. We have one of the broadest and most respected scope of practice in the country. In New Mexico state law does define DOM's as 'primary care physicians'. The coding system you have worked so hard on will help us to better utilize the managed care and insurance system; furthermore, it will help us as DOM's better represent the work we do. Perhaps this system will finally clear up the discrepancies that exist between Oriental Medicine and the insurance billing system. The coding system that exists today truly does not adequately represent our profession.

The OMANM believes that Alternative Link is the correct choice for formulating codes for CAM providers, as it serves the medical profession in a non-discriminatory and non-competitive fashion.

Please note that this is an OMANM recognition of the ABC codes only, and does not include endorsement of any associated software products.

Respectfully submitted,



Alix Bjorklund, D.O.M., B.S.
President of the OMANM

cc: OMANM board of directors and Dr. Glen Wilcox, FOAMA President

M.A.N.A.

The Midwives Alliance of North America

SUPPORT -- Inclusion of Alternative Link ABC Codes for
Complementary and Alternative Medicine (CAM) in Named Code Set
for HIPAA Compliant Transactions

January 28, 2001

Data Maintenance Standards Organizations
C/O Washington Publishing Company
PMB 161
5284 Randolph Road
Rockville, MD 20852

To the Department of Health and Human Services:

The Midwives' Alliance of North America would like to express our support for the inclusion of Alternative Link's ABC codes in the adopted code sets for 2002. Current administrative codes do not adequately support the profession of midwifery. The ABC codes are the only national code set that already accurately represents the range of health care services administered by midwives and other CAM providers.

Midwives need complete codes in order to provide options to insured American women. Lack of these codes results in hardship on midwives, patients, and insurance companies because care provided by midwives will not be covered by insurance. Use of midwives represents huge cost savings to insurance companies.

As the only national organization advocating for all types of midwives in the United States, including midwives certified by the North American Registry of Midwives, the American College of Nurse Midwives, state licensed midwives, and independent midwives, we support reporting services with the ABC codes developed by Alternative Link. It is obvious that no single state can dictate what Medicare or other Federal programs will cover. The Federal government needs to name a viable CAM code set so that insurance companies will offer coverage for CAM services.

For the reasons stated above, the Midwives' Alliance of North America requests that the Alternative Link ABC code set for processing claims for CAM, and particularly for midwives, be included in the HIPAA named code sets.

Sincerely,

Ashley Kraft
Ashley Kraft, NARM-CPM, DM
Secretary, MANA Board of Directors

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Suite 116-279
Lilburn, GA 30047
USA
888-923-MANA (6262)
info@mana.org
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ShortStork@aol.com

information ♦ connection ♦ action ♦ collaboration
CfM Citizens for Midwifery, Inc.

PO Box 82227, Athens, GA 30608-2227

23 January 2001

TO: Department of Health and Human Services
Data Maintenance Standards Organizations
c/o Washington Publishing Company
PMB 161
5284 Randolph Road
Rockville, MD 20852

Fax: (301) 949-9742

RE: Inclusion of Alternative Link's CAM and Nursing Codes as a named
code set for HIPAA compliant transactions.

This letter comes on behalf of Citizens for Midwifery in strong support of including the CAM codes in the HIPAA named codes sets, so that a variety of health providers, including independent and direct entry midwives, would have the needed tools to file insurance claims for midwifery care.

Citizens for Midwifery is a national "consumer" organization of people promoting the Midwifery Model of Care, an approach to maternity care that differs in fundamental ways from the medical model. The Midwifery Model of Care is family-centered and prevention-oriented and has been shown to decrease the incidence of birth injury, birth trauma and cesarean section. CfM's vision is that every woman and family has access to this kind of care.

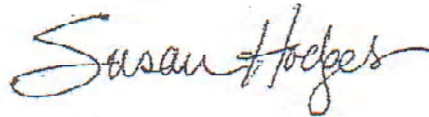
Because the Midwifery Model of Care is not readily compatible with standard medical care, the midwifery model generally is available only with midwives practicing outside the hospital setting, and whose practices are not controlled by physicians or hospitals. Such midwives practice legally in 35 states; in 17 of these such midwives are regulated primarily through licensing laws. Increasingly, states are requiring direct entry midwives to be Certified Professional Midwives in order to be licensed. The Certified Professional Midwife (CPM) credential process emphasizes the Midwifery Model of Care and is the only national credential that requires clinical experience in out-of-hospital settings. Of the states that license direct entry midwives, 9 states mandate third party and Medicaid reimbursement for licensed midwives.

Like many other complementary and alternative medicine providers, independent direct entry midwives have been challenged when it comes to filing claims or being included in insurance plans, because the HIPAA named code sets do not include codes for most elements of midwifery care. Alternative Link, Inc. worked closely with Certified Professional Midwives and the Midwives Alliance of North America to develop practical and useful codes that cover the full range of midwifery practices.

CfM hears from many women who would use a midwife if out-of-hospital midwifery care were covered by their insurance or Medicaid. Including the codes developed by Alternative Link, which include codes for midwifery, is an essential step towards universal availability of out-of-hospital maternity care and the Midwifery Model of Care that will help meet consumer needs and preferences for the safe, effective and respectful Midwifery Model of Care.

Citizens for Midwifery strongly recommends that Alternative Link's CAM and Nursing Codes be included as a named code set for HIPAA compliant transactions.

Sincerely,

A handwritten signature in dark ink, reading "Susan Hodges". The signature is fluid and cursive, with the first name "Susan" and last name "Hodges" clearly legible.

Susan Hodges, President

California College of Midwives
3889 Middlefield Road Palo Alto, CA 94303
650 / 328-8491

January 18, 2001

Data Maintenance Standards Organizations
Washington Publishing Company
PMB 161, 5284 Randolph Road
Rockville, Maryland, 20852

RE: Alternative Billing Codes

To Whom It May Concern:

I am writing on behalf of the licensed community midwives of our state. As executive director of the California College of Midwives I strongly urge the universal adoption of alternative billing codes for the following reasons:

The Universal Coding System (CPT) is not representative of what the midwifery model of care truly involves. Therefore, licensed midwives cannot possible complete insurance forms with full accuracy. We suggested the use the Alternative Link Inc.TM, The CAM & Nursing Coding Manual© V2001R1¹, in order to establish codes that correctly represent the services provided by licensed midwives. **These will save time, cut cost in processing, and generate less paperwork while ensuring the scope of practice has been met for each provider classification.**

Should you need further information regarding this issue, please contact Melinna Giannini of Alternative Link, Inc.TM.

Sincerely,

Faith Gibson, LM, CPM
Executive Director, CCM

¹ Alternative Link, INCTM 1065 S. Main, Bld. C • Las Cruces, NM 88005 • (877) 621-5465

cc: Alternative Link

AMERICAN PREVENTIVE MEDICAL ASSOCIATION

P.O. Box 458 • Great Falls, Virginia 22066 • 703.759.0662 • Fax 703.759.6711 • www.apma.net



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EXECUTIVE DIRECTOR

Candace Campbell

December 19, 2000

Melinna Giannini

President

1065 South Main, Building C

Las Cruces, New Mexico 88005

Dear Ms. Giannini,

I am delighted to inform you that the American Preventive Medical Association has officially recognized Alternative Link, Inc.'s coding system for complementary and alternative medicine, and nursing.

As an organization of CAM providers, with practitioners throughout the United States, we are delighted that you have pursued your vision to create this system, and hope that you are able to convince the U.S. Government to officially adopt codes for CAM therapies and services. Without such a system, our practitioners are forced to function in a dangerous "insurance gray zone" that leaves them exposed to charges of miscoding when, in fact, codes simply have not existed for many of the services they want to provide their patients.

Please note that this is an APMA recognition of the ABCcodes only, and does not include recognition or endorsement of any associated software product. Because an endorsement carries particular meaning within the association community, I ask that you use the term "recognition" and its variants when discussing the action of APMA.

Sincerely yours,

Candace Campbell
Executive Director

ARBOR UNIVERSITY

2132-A Central Avenue SE; Station 327; Albuquerque, NM 87106; (505) 865-0652; Arboruniv@aol.com

November 29, 2000

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: Inclusion of American Indian CAM codes for health claims invoicing and outcomes pertaining to standard code sets under the Health Insurance Portability and Accountability Act (HIPAA).

Dear Madam Secretary:

I am writing to you as an American Indian in support of the codification work that Alternative Link of Las Cruces, New Mexico has undertaken in order to establish standard invoicing policies and procedures for Complimentary Alternative Medicine (CAM) and nursing services health care claims. Alternative Link, with cooperation from CAM and nurse practitioners nationwide, is pioneering a system of invoicing and underwriting procedures which do not overlook the ability of trained American Indian CAM service providers to rightfully invoice under health insurance claims.

Much has been said about the traditions and origins from which commonly accepted medical practices are derived. However, commonly accepted medical practices owe much to the critical path that medicine has taken since former times and even from concurrent but diverse origins. History can attest to the fact that no advancement of medicine has taken place in isolation, but instead has advanced through the discoveries and practices of previous and diverse schools of thought and practice. Integration of these traditions is evidently the critical path that medicine is currently appropriating and which supportive services should now rightfully sustain.

Among the several schools (e.g., Chinese, Ayurvedic, etc.) of CAM which stands out in respect to my own heritage, is that of the American Indian CAM practices. In former times, paralleling and in many cases even surpassing European organization of medicine from which US medicine is said to have common origins, American Indian medical practices (e.g., Quechua, Aztec, North American, etc.) have given us an array of curatives that circled the world and became fully integrated into cultures on every continent. These American Indian contributions from preventive practices to absolute curatives can now be legitimized by the codification that Alternative Link proposes, allowing these to be rightfully recognized, compensated as insurance claims, and fully integrated as legitimate CAM health care services.

Taken for granted historically, American Indian medical contributions can now stake their rightful place, attest to their curative properties, and be recognized with other CAM as legitimate medical services. Recognition by the Department of Health and Human Services and medical insurance providers of the CAM codification work by Alternative Link would greatly support much needed CAM and nursing services. Such support would in turn benefit a vast majority of US citizens who aspire to include these often less costly CAM modalities as part of their health insurance claims.

American Indian medicinal contributions which are far to many to incorporate here, the legitimacy of their preventive and curative nature, and their appropriateness under certain circumstances, poses serious consideration of their rightful place in CAM insurance claims and invoicing. I appeal then, to the DHHS to give serious thought to the recognition and rightful insurance coverage of American Indian CAM services and providers.

Respectfully,

A handwritten signature in black ink, appearing to read 'Joel Orona', followed by a horizontal line extending to the right.

Joel Orona, Ph.D.
President, Arbor University

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